

# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT  
506 E. VAN CLEVE  
HARTFORD CITY, IN 47348  
(765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>MCDONALDS</b>	Telephone Number <b>765 318 4871</b>	Date of Inspection (mm/dd/yr) <b>10/24/24</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1903 N WALNUT ST. HARTFORD CT</b>			
Owner <b>DI MICHELE ENTERPRISES</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>11/3/24</b>
Owner's Address <b>618 N MERIDIAN ST. PORTLAND IN</b>		Summary of Violations: <b>C NC R</b>	
Person in Charge <b>Chip Comery</b>		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>HALIE STROUGE</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): V Chip Comery Area Supervisor		Inspected by (name and title printed): B. Allen E45	
Received by (signature): X Chip Comery		Inspected by (signature): B. Allen E45	
cc:		cc:	